



Graduate School

GRADUATE COMMITTEE
Master of Science - Communication Disorders

Thesis Defense

Name \_\_\_\_\_ ID# \_\_\_\_\_

This form is initiated by the graduate student and should be completed by the end of the first year of graduate study.

Semester/Year of planned completion \_\_\_\_\_

Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form, and all members are approved for graduate faculty status. Only one member of the committee can hold graduate faculty, professional graduate faculty, or visiting graduate faculty status.

The CD Graduate Committee consists of three graduate faculty members from communication disorders and one graduate faculty member from outside the communication disorders department.

\_\_\_\_\_ Date \_\_\_\_\_
Committee Chair, from within communication disorders, printed name and signature

\_\_\_\_\_ Date \_\_\_\_\_
Graduate faculty member, from within communication disorders, printed name and signature

\_\_\_\_\_ Date \_\_\_\_\_
Fourth graduate faculty member, from outside communication disorders, printed name and signature

\_\_\_\_\_ Date \_\_\_\_\_
Communication Disorders Program Director approval

Submit the completed form to the Minot State University Graduate School

\_\_\_\_\_ Date \_\_\_\_\_
Associate Vice President of the Graduate School signature

\*A new committee form is required if the committee membership changes.